

## Embrace-CT InCK Needs Assessment Design Group

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| <b>Meeting Name</b>    | Embrace-CT InCK Needs Assessment Design Group                 | <b>Meeting Date and Time</b> | Thursday, 04/22/2021<br>12:30pm-2pm                                                                                                                                                                                         |
| <b>Meeting Purpose</b> | Develop needs screener and administration process for CT-InCK | <b>Meeting Time</b>          | Join the WebEx call:<br><a href="https://cliffordbeers.webex.com/cliffordbeers/j.php?MTID=m42dc2381728f6e3ace9e7b82ed12c5ee">https://cliffordbeers.webex.com/cliffordbeers/j.php?MTID=m42dc2381728f6e3ace9e7b82ed12c5ee</a> |

| Attendees |                    |                                         |   |                                            |                                    |
|-----------|--------------------|-----------------------------------------|---|--------------------------------------------|------------------------------------|
|           | Name               | Role, organization                      |   | Name                                       | Role, organization                 |
| X         | Dr. Megan Smith    | Co-Facilitator, Yale School of Medicine | X | Mikaela Honhongva                          | Co-Facilitator, Clifford Beers     |
| X         | Alice Corrigan     | CHO, Clifford Beers                     | A | Claudette Kidd                             | CHO, Clifford Beers                |
| X         | Ken Okwuosa        | CHO, Clifford Beers                     | X | Leslie Brown                               | CHO, Clifford Beers                |
| X         | Erica Garcia-Young | Member, DSS                             | X | Karen Siegel (alternate Dashni Sathasivam) | Member, Health Equity Solutions    |
| X         | Robert Plant       | Member, Beacon Health Options           | X | Smruti Vartak                              | Member, Beacon Health Options      |
| X         | Kendra Carr        | Member, Beacon Health Options           | X | Amanda Vercellone                          | Member, Community Health Network   |
| X         | Lauren Kelley      | Member, Project Access-New Haven        | X | Sean Campbell                              | Member, Christian Community Action |

| Agenda Topic           | Key Discussion Points / Decisions                           | Notes                                                                                                                                                                                                                                                                                                                            |
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| 1. Introductions (10m) | a. Name, title, and reason for joining                      |                                                                                                                                                                                                                                                                                                                                  |
| 2. Background (30m)    | a. Driver Diagram<br>b. Background Document Review          | <ul style="list-style-type: none"> <li>Will we be giving needs assessment to caregivers? TBD</li> <li>Needs assessment will be a <b>compliment</b> to other data (administrative) we will be gathering.</li> <li>Must be intentional in how we structure algorithms as to not be detrimental to communities of color.</li> </ul> |
| 3. Discussion (30m)    | a. How can we ensure we are focusing on equity in our work? | MS: Framing issue - how do we account for strengths as well, and not just                                                                                                                                                                                                                                                        |

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|  | <p>b. Is there anyone missing from this group/process?</p> | <p>assessing deficits? Sharing equity through access.</p> <p>KT: language matters, don't have to say needs assessment. Can use "screener" instead. Initial stratification.</p> <p>BP: agree on including a strength component. Ultimately in use of tiering then different items can have negative or positive weights. We will all have different ideas of what is important which can lead to a long list of things.</p> <p>SV: why not look for scales that are already existing and use for InCK rather than having to worry about standardizing. Focus on using an overall tool.</p> <p>BP: Higher youth scales which are both strength and needs which is a good place to start. Used in CT a lot, free and unlicensed.</p> <p>DS: If there was a definition of health equity. Would urge and recommend that be done.</p> <p>BP: could they provide us since it's</p> <p>DS: Health Equity: Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status.</p> <p>BP: Some of them are controversial and have not been asked of folks applying for medicaid or other services. For instance sexual orientation. Don't see it in state data any indicators of gender other than binary. What do we want to include up front for demographic indicators? Previous convos have not been well-received on state level, have to be prepared for unintended impact.</p> |
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|  |  | <p>KT: identity development component for children with how they align. Still struggle with identifying and creating othering. Can lead to discrimination.</p> <p>DS: OR has been doing great work with data and has done work with categories. For outh pop it might not identify or have kids be in a place where language makes sense. Some q's even include whether language makes sense to them. Can look at whether the materials she has area shareable. When it comes to race and ethnicity it's vital we go beyond OMB categories and use race and ethnicity categories ideally those tailored to CT. This is big for Health Equity Solutions.</p> <p>BP: Medicaid race/ethn is optional. For adult pop 50% of time people choose not to answer question.</p> <p>Lauren: race/ethn has been difficult at PANH - they serve lots of hisp clients but race q is challenging for them. Most put other. Whatever people answer they collapse into one category.</p> <p>BP: in prior study made recommendation - is there any context given to why they are being asked? (think about this for best practices conversation)</p> <p>LK: have had convos on health literacy. Some feel like a quiz.</p> <p>AC: CO one of q's asked if anyone on home speaks something other than english. People would wonder why they were asked so they weren't honest. Reason was asked bc they were automatically placed in ESL. Alice is mixed and isn't sure what to put.</p> <p>DS: Having a combined race ethnicity question. Allowing people to check</p> |
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|                                                 |                                                             | <p>more than one. Also having a write in option always.</p> <p>BP: CC which is at the heart of the project DCF has been the leader on in the state. Think they would be helpful to get someone from there.</p> <p>KC: not sure who is represented in the group. Parent advisory or youth advisory?</p> <p>KT: have InCK funds to stipend families. Have capacity to have those individuals engage others in community.</p> <p><b>How can we ensure we are focusing on equity in our work?</b></p> <ul style="list-style-type: none"> <li>● Possibly frame assessment to include strengths as well as needs/risk.</li> <li>● Assessment should be short.</li> <li>● Define “Health equity”</li> <li>● Oregon has been doing great work in gathering data.</li> <li>● When it comes to race and ethnicity, questions should be tailored to CT.</li> <li>● Put into context why information is being collected.</li> </ul> <p><b>Who is missing?</b></p> <ol style="list-style-type: none"> <li>4. DCF?</li> <li>5. Community members?</li> </ol> |
| <p>6. Meeting Practices and Logistics (10m)</p> | <p>a. Group Agreements<br/>b. Meeting length and timing</p> | <ul style="list-style-type: none"> <li>● Email Kia <a href="mailto:mhonhongva@cliffordbeers.org">mhonhongva@cliffordbeers.org</a> any thoughts you were unable to share.</li> </ul> <p>Doodle poll to go out to decide the next two meeting dates.<br/><b>*Due by noon tomorrow.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <p>7. Homework (5m)</p>                         | <p>a. Share needs assessment tools you use and like.</p>    | <ul style="list-style-type: none"> <li>● OHIO Tests</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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|  | <ul style="list-style-type: none"> <li>b. Share possible sources of data that may already be available to answer these questions.</li> <li>c. Share recommended reading materials related to best practices in conducting screenings.</li> </ul> |  |
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| Action Item(s):                                                                   | Person Responsible | Date Due |
|-----------------------------------------------------------------------------------|--------------------|----------|
| 1. Will provide examples to race and ethnicity questions specific to Connecticut. | Dashni Sathasivam  |          |
| 2.                                                                                |                    |          |
| 3.                                                                                |                    |          |
| 4.                                                                                |                    |          |
| 5.                                                                                |                    |          |

from Amanda Vercellone to everyone: 12:50 PM

My name is Amanda Vercellone and I'm the Manager of the Perinatal Intensive Care Management Program at Community Health Network of CT. CHNCT manages the HUSKY medical benefit. The Perinatal Intensive Care Management Dept works with HUSKY members who are pregnant/postpartum as well as NICU babies up to one year post NICU discharge

from Megan Smith to everyone: 12:50 PM

Welcome, Amanda. Thanks for putting this in the chat!

from Kia Honhongva to everyone: 1:19 PM

How can we ensure we are focusing on equity in our work?

from Ken Okwuosa CHO to everyone: 1:22 PM

I am having network issues. I will trying reconnecting

from Dashni Sathasivam to everyone: 1:28 PM

Health Equity: Everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status.

from Megan Smith to everyone: 1:37 PM

This is one of the screeners Oregon used in their social determinants work just in case you can't share other info, Dashni.

from Megan Smith to everyone: 1:37 PM

Billieux, A., MD, DPhil, Verlander, K., MPH, Anthony, S., DrPH, & Alley, D., PhD. (2017). Standardized Screening for Health-Related Social Needs in Clinical Settings: The Accountable Health Communities Screening Tool. National Academy of Medicine Perspectives, 1-9. <https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf>.